Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2-7-07</u>	Address:	441 S 80 E	
Case #:	13F7 <u>2</u> 065		<u>WINAMAC, IN 46996</u>	
County;	PULASKI			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium): <u>OUTBUILDING</u>				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): OUTBUILDING				
Corrosive Acid: OUTBUILDING				
Corrosive Base:				
Other (it	em and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Mo	 Investigative Information □ Ephedrine/Pseudoephedrine Tracking Log □ Retail/Merchant Tip ☑ Other:REPORTED BY PCSD 	
This report	is to be faxed to the following agen			
	nent: WINAMAC FIRE		DELIVERED	
Health Department: PULASKI CO.		Гах: <u>Е-М</u> А	ILED	
Child Protec	tion Service: N/A	Fax:		
For further in Investigating	nformation regarding this methampho of Officer: <u>DEPLTY RQBERT ZIMM</u>	tamine laboratory, co ERMAN Phone	ntaci 574-946-6655	

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.